## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2001

Application or Docket Number 09995587

CLAIMS AS FILED - PART (Column 1)					(Column 2)			SMALL ENTITY TYPE		OR	OTHER THAN	
TOTAL CLAIMS / L								RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	basic fee	740.00
TOTAL CHARGEABLE CLAIMS ) 4 minus 20=					•			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS 3 m				inus 3 =	-			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR		
* If the difference in column 1 is less than zero, enter "0" in column 2							L	TOTAL		OR	TOTAL	740
CLAIMS AS AMENDED - PART II									<del></del>		OTHER	
<u> </u>	(Column 1) (Column 2) (Column						_	SMALL	ENTITY	OR	SMALL	ENTITY
ENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	• 8	Minus	<b>**</b> 2	0	<b>-</b> Ø		X\$ 9=		OR	X\$18=	
AME	Independent	• 3	Minus	***	3	<u>=0</u>		X42=		OR	X84≖	·
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280≃	
								TOTAL		OR	TOTAL	
(Column 1) (Column 2) (Column 3)								DDIT. FEE	L		ADDIT. FEE	
					_							
MENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
20%	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
A	Independent	* NTATION OF ML	Minus	ENITENIT	CLAILA	-	$  \Gamma  $	X42=		OR	X84=	
<b></b> _	FINOI FRESE	NAME OF MC	LIFLE UC	CHUCH	<b>ULAIM</b>		'	+140=		OR	+280=	
								TOTAL DDIT, FEE		OR .	TOTAL	
	,									Un ,	ADDIT, FEE	
		(Column 1)		(Colun		(Column 3)						1
AMENOMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
2	Total	*	Minus	••		=	lΓ	X\$ 9=		OR	X\$18=	
AE	Independent	*	Minus	###	C) A12.5	=		X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=			+280=	
• 1	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR		
**	If the "Highest Nu	TOTAL DOIT, FEE		OR ,	TOTAL ODIT. FEE							
		mber Previously Pai ober Previously Pai					_	_	ropriate box			